

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000001484

1. Entity Name

AB GREEN LIDO OPERATOR, LLC



Principal Place of Business

40 ISLAND AVENUE
MIAMI BEACH, FL 33139

Mailing Address

295 LAFAYETTE STREET, SUITE 708
NEW YORK, NY 10012



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

27-0058981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BALAZS, ANDRE CCEO
STREET ADDRESS 295 LAFAYETTE STREET, SUITE 708
CITY-ST-ZIP NEW YORK, NY 10012

TITLE MGR
NAME GORAB, EUGENE A EVP
STREET ADDRESS 295 LAFAYETTE STREET, SUITE 708
CITY-ST-ZIP NEW YORK, NY 10012

TITLE MGR
NAME MARCUS, BARRY P SVP
STREET ADDRESS 295 LAFAYETTE STREET, SUITE 708
CITY-ST-ZIP NEW YORK, NY 10012

TITLE MGR
NAME MAHONY, MICHAEL E VP
STREET ADDRESS 295 LAFAYETTE STREET, SUITE 708
CITY-ST-ZIP NEW YORK, NY 10012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80092-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jing Hong Gao

4/26/07 (305) 7043929

Date

Daytime Phone #